



**Classification**

Air Carrier ( )  
Basic Transport ( )  
General Utility ( )  
Basic Utility ( )  
Residential ( )  
Ultralight / STOL ( )  
\_\_\_\_\_ ( )  
other  
**RLA** ( )

**Applicant**

**Facility Name  
(If different than applicant)**

(1) Name \_\_\_\_\_  
Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Phone \_\_\_\_\_

(2) **Owner of Land**

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_

(3) **Legal Description** (Township, Range & 1/4 Section) \_\_\_\_\_

\_\_\_\_\_ in \_\_\_\_\_ County, Illinois

Latitude \_\_\_\_\_ Longitude \_\_\_\_\_ Elevation \_\_\_\_\_

(4) Distance & Direction from Nearest City/Town \_\_\_\_\_ Miles \_\_\_\_\_ Direction

(5) **Local Zoning Body Name** \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Local zoning approved? ☐ Yes ☐ No Explain \_\_\_\_\_

(6) Indicate proposed number and type of based aircraft \_\_\_\_\_

(7) **General features**

Length \_\_\_\_\_ Width \_\_\_\_\_ Surface Type \_\_\_\_\_

(8) **Name and address of local general circulation newspaper for legal publications**

Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Fax # \_\_\_\_\_

(9) **Obstructions to be removed**

Type \_\_\_\_\_

Direction \_\_\_\_\_

\_\_\_\_\_

Distance / Height \_\_\_\_\_

(10) Work to be done prior to issuance of certificate: \_\_\_\_\_

\_\_\_\_\_

**Certification:** I hereby certify that the information herein is true and complete

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

Return completed form to:

Illinois Department of Transportation, Division of Aeronautics, 1 Langhorne Bond Drive, Capital Airport, Springfield, Illinois 62707-8415

This state agency is requesting disclosure of information that is necessary to accomplish the statutory purpose as outlined under Paragraph 42 of the Illinois Aeronautics Act. Disclosure of this information is **VOLUNTARY**; however, failure to comply may result in this form not being processed. This form has been approved by the State Forms Management Center.